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# World Chronicle

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**JOURNALISTS:** Tuyet Nguyen, United Press International
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## HEALTH ISSUES

DR. ILONA KICKBUSCH, Director of the World Health Organization's Division of Health Promotion, Education and Communication, discusses a number of health-related issues. WHO is promoting various programmes to improve the quality of life for the largest possible segments of society as well as to increase life expectancy. WHO and other United Nation agencies are also working with governments and employers to meet the occupational health needs of workers. Education is an important factor for women to lead normal healthy lives. Dr. Kickbusch believes that economic prosperity, nutritious food, good living habits and social support may contribute to long life.

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**ANNOUNCER:** From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

**LITTLEJOHNS:** I'm Michael Littlejohns, and this is **World Chronicle**.

Medical advances made during the last few decades have increased life expectancy and improved the quality of life for hundreds of millions of people around the world. But our societies today are not disease free. Illness can lead to loss of work, which disrupts families and causes economic and social hardships, especially in third world countries. And deadly communicable diseases still threaten all of us. How can societies and individuals protect themselves from those diseases which can be avoided? And what is the responsibility of governments in protecting their citizens?

Our guest today, Dr. Ilona Kickbusch, is the Director of the World Health Organization's Division of Health Promotion, Education and Communication. Joining me to talk with Dr. Kickbusch are Tuyet Nguyen of United Press International and Judy Lessing of Radio New Zealand. Dr. Kickbusch, welcome to World Chronicle.

Dr. Kickbusch, the health community, if one may call it that, seems to be sending conflicting signals to the general public. One day we read that 20 minutes of walking per day is going to lengthen your life; now there's a new report, a recent report, that only strenuous exercise is valuable. We've read reports that a couple of glasses of wine are good for you, yet alcohol, which is, after all, in wine, is supposed to be bad for you. So, what are the real answers?

**KICKBUSCH:** Well, first, of course, this reflects the very rapid advances in medical and health research that we have seen over the last 20-25 years, and therefore in a way you get a somersaulting of results. That is one side of the picture. The other side of the picture is that we tend to look at health research in bits. That is, we look at one risk factor and we see how that risk factor affects a population -- like you mentioned: What will alcohol do to you? What will jogging do to you, or for you? What we often don't do in this kind of research is add the specificities of the groups such a risk factor would affect. If you take the research that was talked about in terms of strenuous exercise, that research was done on men only; therefore we don't know if it has the same effect in women. But the materials I have heard and read so far on it don't refer to that. So we have aggregates, we have people saying one thing of one research is then good for the whole population. Health is very popular in the general press, people are very concerned about their health, and therefore you get a sort of somersaulting of results that overtake each other. And people tend to react too quickly, saying, "Oh, this must be important for me as well", without double checking. And in some cases the health media and the health press don't

double check the results enough. I think it is important to always make sure you keep the balance, and in some of the reporting --

**LITTLEJOHNS:** So that moderation is really the --

**KICKBUSCH:** Moderation has been a key answer, of course, since Hippocrates, since we got the very first advice from the hygienists. Moderation is the recommendation of the goddess of health, who, as you know, is called Hygeia. And I think if we take that as a basic starting point and then slowly but surely add on, for our own behaviour, the results that we get to see --

**LITTLEJOHNS:** Why is it that women generally have a longer life expectancy than men?

**KICKBUSCH:** We don't know. We know some facts. For example, some people say if women start to live like men they will die like men, and we do see that in a number of countries. For example, if you take Denmark, where the smoking rate of women has been more or less the same as the smoking rate of men over the last 30-40 years, you see that there is hardly any difference in life expectancy, and that actually overall Danish life expectancy is going down. So again, there are specific risk factors about how you live your life and how you treat your body that do influence women's health negatively. But the basic difference we still see in most countries has not really yet been explained, neither genetically nor in terms of the overall factors that could influence it.

**NGUYEN:** Dr. Kickbusch, I wonder what WHO is doing to ban smoking in working offices. I'm talking about UN headquarters, not the normal bureaucracies around the world. Here you have a Secretary-General who has refused to ban smoking because he's afraid of diplomats. I wonder if you can raise your voice and tell him this is bad for UN employees.

**KICKBUSCH:** We actually do do that regularly, and, as you might know, WHO has banned smoking in its own offices, in headquarters and the six regional offices. We do have close contact with the new Special Advisor on Tobacco that the UN has, who is also placed in Geneva, and we are trying to convince the UN overall that this should be the case. We agree with you. All research tells us.that people should be protected from passive smoking, and I guess that even applies to diplomats.

**LITTLEJOHNS:** Is smoking banned in the European office of the UN, in Geneva?

**KICKBUSCH:** In meetings, yes, but not in the overall building. It is not a smoke-free building.

**LESSING:** Talking about smoke, though, is the consciousness of the bad side of smoking higher in North America than, say, in Europe? Whenever I'm in Europe, I notice there seem to be more people smoking. Is my perception incorrect, or what?

**KICKBUSCH:** No, it's a totally correct perception, that partly as far as the legal situation goes -- you know, bans about smoking in public places, et cetera -- the United States and Canada are far advanced. You will see that you have a similar situation in some of the Nordic countries, with the exception of Denmark, which is one of the countries with the highest smoking rates, and you see great differences in some of the southern European countries. But you're quite correct, the amount of legislation that you have in North America is much greater, on average, than in the European countries.

**NGUYEN:** But do you think -- in UN offices, for example in headquarters, politics usually prevail over healthy habits. People tend to look up at ambassadors and let them do what they want instead of what they should do to really promote health for the whole new generation of workers. WHO should do better than just recommend. WHO should, for example, put up posters saying don't smoke, something like this. We haven't seen that in UN headquarters.

**KICKBUSCH:** Well, we do do that as well, but of course we can only put up posters where the -- what is the English word? -- where the host, the person that is the host of the building also allows for that. So I think we will continue our advocacy work. We would advise that the very same fears were expressed when WHO said we would become a no-smoking building and a no-smoking area and office. People said, "Oh, but the delegates won't accept this." You know, the very same arguments were put forward. But it was accepted, and we have moved forward, and I'm sure with the help also of a number of countries who would like to see that we can take the next significant step.

**LITTLEJOHNS:** So I think we're agreed that smoking is bad for everyone. Another subject, perhaps?

**LESSING:** Well, no, I don't want to talk about smoking, but I want to pick up on what you said. You were talking about life expectancy and you used the example of Denmark. But Denmark may well be an exception. People do live longer; in general, women tend to live longer than men. WHO, I understand, is looking forward to an international year where the problems of older people, maybe not problems, but some of the aspects of being older will be the focus.

**KICKBUSCH:** Yes, 1999 will be the United Nations International Year of the Older Persons. And of course WHO, as one of the UN agencies, will be contributing to that. One of the things that is very important to us, and it was reflected a little bit in your question, is that we don't start off by seeing the fact that our societies are aging as a problem. It is actually a fantastic success. It's a success of public health measures, it's a success of economic progress, it's a success of medical advances. And what we actually have to do is to ask in what way can we insure that people have the longest disease-free life

expectancy, so that we don't only talk in our developed societies about a lengthening of life, but actually health expectancy. And of course we will work very hard that those countries that are still far away from a high average life expectancy are able to catch up, so that we can bridge the gap. And the gap is enormous. If you take the gap between one of the countries with the longest life expectancy, Japan, and a country like Uganda, you get up to 40-45 years of difference. And that in a global society in our view is not acceptable.

**LITTLEJOHNS:** Dr. Kickbusch, there was a theory that one of the reasons that the Japanese have such long lives is that they eat a great deal of fish. Now, that's another thing which has been knocked on the head, and fish is no longer considered to be all that good. So what is the real secret of the Japanese longevity?

**KICKBUSCH:** Well, the secret usually is a combination of factors. And that leads back a bit to my first response. We will not get answers if we look at people, their bodies, their health, factor by factor by factor. It's a combination, it's a combination of economic progress, of certain types of nutrition, of living habits. It's a question of social supports. People who have good social support live longer. Therefore, if we see some of our societies disintegrating to a certain extent, and maybe we see more loneliness in older people, we might see a reduction in life expectancy again. So it is that combination.

**LITTLEJOHNS:** When you speak of social support, you're talking about the extended family situation in Japan?

**KICKBUSCH:** Social support in the Japanese case would be that, that in many cases the older people are still very close to their families. Often they live with them, particularly older women. And that of course is another factor of the issue of life expectancy that you hinted at. Of course, if we look at older people in our societies, in most societies the majority of them are women, but many of the policies and the responses to the problems of aging don't take that into account.

**NGUYEN:** Which countries now have the best health services in the world? Or citizens live longest?

**KICKBUSCH:** Well, you see, the two are not necessarily related. And therefore I can't answer the question that way. As we said, Japan is one of the countries with very high and long life expectancy. Sweden is such a country. So you get a number of countries where, for a very long period of time, there has been the possibility of developing society, there has been the possibility of developing health services. And one factor does seem to be health security. It's not necessarily the amount of high tech medicine that you can provide for your citizens, it is the fact that life expectancy is calculated as your expectancy at birth, and the minute you are able to protect your children through immunization, or you

are able to protect mothers in terms of maternal and child health services, then straightaway you get a tremendous gain at the other end.

**LITTLEJOHNS:** This is **World Chronicle**. Our guest is Dr. Ilona Kickbusch, Director of the World Health Organization's Division of Health Promotion, Education and Communication.

**LESSING:** As you look forward to that year for older people just before the end of the century, is the World Health Organization reaching out and making sure that you ask people who are currently in that group of the population what they think you should be doing?

**KICKBUSCH:** Well, most definitely, one of the typical characteristics of the work of WHO has been to work very closely with what are called NGOs, non-governmental organizations. So we are working closely with organizations that represent older people, and of course we will listen very closely to them and what they have to say, and learn from them. Because very often we forget that advances in health are not just discovered by medical science, they are also related to how people have learned to live their everyday lives, what people know about their own subjective well-being, and what influences that positively and negatively.

**LESSING:** What are you learning now? I mean, have you started this process? What are they telling you?

**KICKBUSCH:** Well, we have just embarked on a new programme. One of the things they are saying, for example, is "Don't speak of 'the elderly'. We are such a diverse group of people. We are men, we are women. Sixty-year-olds are different from 80-year-olds." They are saying, "You wouldn't provide the same kind of health education for somebody age 20 and somebody age 40, but you're doing that with us. You're putting us into one big bag that you call 'the elderly' and you are not recognizing our diversity." And the other message that they are giving us is "Will you stop treating us as a problem group? We are a resource to society. Many of us are not ill. Many of us are in a very good functional health state. We have much to contribute, and we would like to contribute." I think those are two very key messages that older persons themselves are giving us which we need to listen to very closely.

**LITTLEJOHNS:** Dr. Kickbusch, tell us a bit about the education aspect of your mandate. What are you doing in this area of education for health?

**KICKBUSCH:** Well, one thing to realize is that when we talk about education for health, we're not only talking about health education. Because we have learned that education as such contributes to health. We know that if you educate women, then you are probably making the greatest contribution to global health development that you can make,

and the recent World Bank Report has also underlined that. So on that level, we are an advocate generally for literacy, for education, and we're involved in a number of projects, particularly in Africa, on women, literacy and development, and trying to bring that together.

The other side is health education. Here we've put a specific focus on schools. We're developing a global project, a network that we are calling health-promoting schools [The School Health Initiative]. And then we want to look not only at what we teach children about health and where we think schools could still do much more than they do in those countries, but how aware are teachers of health? Are they playing the model role that was mentioned a bit earlier about diplomats? Is the school itself a healthy environment? And for developing countries, that of course means do they have adequate sanitary installations? Is the school integrated into the community? And here again, we're working with other UN agencies -- UNESCO, UNICEF; we're trying to do this in partnership, because the other agencies bring a specific expertise, and we believe if we join that it can only enhance overall global health.

**NGUYEN:** But, Dr. Kickbusch, WHO said there are between 68 and 157 million new cases of occupational work-related diseases every year. I wonder how many of those cases are related to smoking or health hazards in the office coming from construction, building materials?

**LITTLEJOHNS:** Asbestos and that kind of stuff?

**NGUYEN:** Yes. Is there any breakdown on those diseases?

**KICKBUSCH:** Not a very good one. Because, you see, data on occupational disease is a very, very neglected area, particularly for the developing countries. And that is one thing that we are particularly concerned about. We have just launched a strategy, a global strategy for occupational health, where one of the priority areas actually is to look at better data for occupational health, particularly in those areas of occupational health that are not well organized. Because, in a way, if in the developing world you're working in a factory or in an office, you're already in a relatively well-structured, or comparatively -- I'm saying this with great care -- comparatively safe environment, whereas if you look at agricultural work, mainly women on plantations, for example, if you look at the wide areas of self employment, if you look at the types of sweatshops -- I'm thinking of the women in batik shops and things like that.... So there is this very wide scope where in some cases occupational health hazards are still so extreme that we feel at this stage, again, we must focus on trying to close the gap. And as you saw from the data in front of you, we are not in a situation to have good breakdowns.

**NGUYEN:** But there are also 200,000 deaths a year related to the working environment, and yet it is just statistics -- nobody is really trying to change the environment to save lives fast enough.

**KICKBUSCH:** Well, I wouldn't say nobody. Of course, you have organizations in all countries. You do tend to have labour organizations. In a number of countries you have medical associations that are very aware of the problem. But, of course, in countries that are rapidly changing their economic infrastructure, one tends to see that safety measures are not as strong as they should be, and in many cases, governments -- because they want investments, because they want to create jobs -- are not being as insistent on developing occupational health and safety legislation as we would like them to be. So that is why we have developed this global strategy with which we hope to be able to make strong advocacy for health at the workplace, working not only with governments, but also having a dialogue with the industry that is investing to look at standards -- for example, whether they are applying the same standards in a developing country for the workers as they are applying in their home country. And some are.

**LESSING:** But governments are very important. It's fine to work through medical associations or unions, and I wouldn't put that aside, but ultimately the people who have control are the politicians. It's a question of political will. So how does WHO, as it were -- I won't use -- I don't mean strongarm, but how do you vigorously persuade them to take certain measures?

**KICKBUSCH:** In various ways. Of course, governments are our key and first entry point. We are an organization that works with governments, represented through the health ministries. We meet with them, for example, every year at World Health Assembly, and that is where we would aim to create a consensus between governments on certain issues. You would get resolutions. You would then work with countries at country level to try and implement these resolutions. You would aim to advise them. WHO, of course, is not an international health police that can force a country to do something. Our strength is in negotiation, in convincing, in giving good examples, and particularly in giving good quality advice, to be able to say, "Look, if you do this, if you invest in health here, your pay-off for your society will be an important one." And that takes time and constant effort, but that is what we were set up to do.

**LESSING:** But has the world got that kind of time in some areas? I mean, can you sit back and say we're doing it at a certain pace, this is the way we do it? Take certain questions, of pollution, for example --

**KICKBUSCH:** I don't think we're sitting back. I don't think the issue is that we are sitting back. The fact is we are trying to exert whatever influence we can based on our

own constitution, which was given to us. And I think the WHO is exceedingly active, and pro-active, in trying to, for example, raise the profile of occupational health. We can see in discussions with many countries that they will tend to concentrate on communicable diseases and their eradication rather than the more complex infrastructural issues, such as occupational health, aging, primary health-care infrastructures. And that is why I mentioned the NGOs, the labour organizations: alliances are needed. And in many cases it is these kinds of organizations within countries that would then take the WHO recommendations and try and use them for advocacy work, so that, for example, specific legislation is passed.

**LITTLEJOHNS:** Dr. Kickbusch, it's been said that there's no reason why people shouldn't live to be 120. And there was a report a few weeks ago that a lady in France, who is 120, is the oldest documented person in the world, I think. Does WHO believe that people can live to be 120? In ideal circumstances?

**KICKBUSCH:** Well, there is no official document stating that. I think what we are particularly interested in at this stage is closing the gap. I think our key concern is that this major difference in life expectancy between, on average, 80 in developed countries and 50 in developing countries is something that's not acceptable. That's the first thing. I think the second thing that we are particularly concerned about is health expectancy, that is to say it's not just about adding years to life, it's about adding life to years.

**LITTLEJOHNS:** Quality, quality of life.

**KICKBUSCH:** It is quality of life. Which is also reflected in our definition of health. It's not just physically surviving, but it's also having a gratifying social and economically productive life. It's about social-well being and mental well-being. And this is, I guess, why we are cautious, and we're saying let us try and have the highest quality of life within the parameters that are known to us now, and let us not focus too simplistically just on the extension of life.

**LITTLEJOHNS:** Dr. Kickbusch, in the few seconds we have left, we haven't talked about the impact on economies of people living to a great age. Have you looked into that aspect?

**KICKBUSCH:** We are looking into it. And that relates to the issue we discussed earlier. At present the debate seems to be that aging is looked at as a crisis, it is looked at as a crisis for the social sector, for the health sector. And we are trying to look at the potentials of aging and the contributions of older people to our societies. And that is an initiative that we are taking, for example, together with the International Social Security Association, saying we have aimed for this for centuries, now let us tackle this as a common positive issue for society, not as a problem.

**LITTLEJOHNS:** Dr. Kickbusch, that's all the time we have. Thank you for being with us on this edition of **World Chronicle**. Our guest has been Dr. Ilona Kickbusch, Director of the World Health Organization's Division of Health Promotion, Education and Communication. She was interviewed by Tuyet Nguyen of United Press International and Judy Lessing of Radio New Zealand. I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle**.

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